Psychiatry Intake Form

Patient Information	
Name:	Andrei Paulson
Date of Birth:	August 23, 1990
Gender:	◯ Male ◯ Female ◯ Other: -
Phone Number:	518-971-2573
Address:	3561 West Virginia Avenue Albany NY 12207

Emergency Contact	
Name:	Jules Paulson
Relationship:	Husband
Contact Details:	518-253-4995

Medical History

No known allergies
Chronic hypertension, managed with medication
Previous surgery: Appendectomy in 2010

Psychiatric History

No prior psychiatric diagnoses or treatments
Occasional feelings of anxiety and stress

Stressors

Work-related stress
Recent loss of a close friend

Treatment History

No previous psychiatric treatments
Has sought counseling for stress management in the past

Treatment Goals

Manage and reduce symptoms of anxiety
Develop coping strategies for stressors
Improve overall mental well-being

Consent and Confidentiality Agreement

I, Andrei Paulson, consent to receive psychiatric evaluation and treatment from Mark See,MD. I understand and agree to the following:

1. Confidentiality:

- All information shared will be kept confidential, except in cases of immediate harm, legal requirement, or court subpoenas.

2. Treatment records:

- Mark See,MD may maintain secure and confidential treatment records.

3. Emergency situations:

- In a mental health emergency, Mark See,MD is authorized to contact my designated emergency contact.

4. Communication:

- Electronic communication may be used for appointment reminders, but confidentiality cannot be guaranteed.

5. Termination of services:

- I can terminate services at any time, and Mark See,MD may discuss referrals if necessary.

6. Fees and insurance:

- I agree to the fees and payment policies as outlined by Mark See,MD.

I acknowledge my informed consent by signing below.

Patient's Signature

Andrei Paulson 

Date: January 8, 2024